

MICHIGAN HEALTH INFORMATION TECHNOLOGY COMMISSION

Minutes for the May 2015 Meeting

Date: Thursday, May 21st, 2015
1:00 pm – 3:00 pm

Location: MDCH
1st Floor Capitol View Building
Conference Room B & C
201 Townsend Street
Lansing, Michigan 48913

Commissioners Present:

Gregory Forzley, M.D., Co-Chair
Patricia Rinvelt, Co-Chair
Robert Milewski
Peter Schonfeld
Mark Notman, Ph.D.
Irita Matthews
Rozelle Hegeman-Dingle, PharmD
Jill Castiglione, RPh (Phone)
Rodney Davenport, CTO (Phone)
Michael Chrissos, M.D. (Phone)

Commissioners Absent:

Tim Becker
Orest Sowirka, D.O.
Nick Smith

Staff:

Meghan Vanderstelt
Kimberly Bachelder
Phillip Kurdunowicz

Guests:

Cynthia Green Edwards	Jeremy Glasstetter	James Nolan
Shannon Stotenbur-Wing	Erin Bruder	Philip Vigas
Sue Kish	Jeff Livesay	Bruce Maki
Brandi Briones	Kevin Reimer Ranke	Dara Barrera
Travena Green	May Al Khafaji	Erin Sarzynski
Doug Copley	Umbrin Attequi	Wil Limp
Scott Larsen	Tina R. Scott	Angela Vanker
Maureen John	Tim Van Wagner	Kristina Dawkins
Nana Ama Erzugh	Bethany Thain	Cindy Swihart
Zak Tomich	Shelley Mannino	Sylvia Roemer
Traci Wightman		

Minutes: The regular monthly meeting of the Michigan Health Information Technology Commission was held on Thursday, May 21st, 2015 at the Michigan Department of Health and Human Services with 10 Commissioners present.

A. Welcome and Introductions

1. Co-Chair Dr. Gregory Forzley called the meeting to order at 1:02 p.m.
2. The commissioners introduced themselves.
3. Co-Chair Dr. Forzley invited the commissioners to provide updates since the last meeting.
 - a. Co-Chair Patricia Rinvelt provided the commission with an update from the April 17th board meeting of the Michigan Health Information Network (MiHIN).
 - b. Co-Chair Rinvelt noted that MiHIN is preparing for the Connecting Michigan conference, which will be held from June 3rd to June 5th.
 - c. Commissioner Rinvelt also mentioned that MiHIN is working on developing:
 - i. a roadmap for its activities over the next few years;
 - ii. a set of criteria for evaluating Qualified Organization (QO) applications; and
 - iii. a set of mechanisms to incorporate data aggregating organizations as QOs.

B. Review and Approval of the 3/19/2015 Meeting Minutes

1. Co-Chair Dr. Forzley asked the commissioners to review and consider approving the minutes from the March 2015 meeting.
2. Co-Chair Rinvelt made a motion to approve the minutes, and Commissioner Rozelle Hegeman-Dingle second the motion.
3. Co-Chair Dr. Forzley asked if there was any objection to approving the minutes. Seeing none, he noted that the minutes had been approved at 1:06 p.m.

C. HIT/HIE Update

1. Co-Chair Dr. Forzley invited Ms. Meghan Vanderstelt of the Michigan Department of Health and Human Services (MDHHS) to provide an update on recent trends and occurrences in health information technology (HIT) and health information exchange (HIE). The PowerPoint slides for the presentation will be made available on the website after the meeting.
 - a. Ms. Vanderstelt noted that the HIT Office included the HIT Commission Dashboard as part of the packet and invited the commissioners to review it.
 - b. Ms. Vanderstelt also provided some updates on several MDHHS initiatives.
 - i. Ms. Vanderstelt mentioned that MDHHS was moving into the implementation phase for the Blueprint for Health initiative.
 - a. Ms. Vanderstelt explained that MDHHS was working through the capacity assessment process for Accountable Systems of Care and Community Health Innovation Regions.
 - b. Ms. Vanderstelt noted that MDHHS will next be moving towards opening the application process and identifying test sites with an intended go-live date of February 1st, 2016.
 - ii. Ms. Vanderstelt provided an update on the MI Health Link demonstration.
 - a. Ms. Vanderstelt noted that the demonstration is now operational in two regions (Upper Peninsula and Southwest Michigan) and starting enrollment in two other regions (Wayne and Macomb).
 - b. She also noted that the Integrated Care Organizations, Prepaid Inpatient Health Plans, MDHHS, and MiHIN are developing an Integrated Care Bridge Record, which is a type of Continuity of Care Document that will be exchanged across organizations and regions.
 - i. RFP for Managed Care Plans
 1. Sections specific to HIT/HIE
 - a. ADT statewide messaging services
 - b. ACRS

- c. Common Key
 - d. Medication Reconciliation Use Case development
 - 2. Rinvelt: When did the RFP come out, applications due?
 - a. MV: Came out May 8, applications due mid-to-late summer
 - b. MV to follow up on application due date
 - 3. Forzley: MiHIN update for HITC?
 - a. Messaging updates
 - b. Livesay: Should see some new-style graphs showing message growth/increases by use case
 - c. Forzley: Breakdown by organization? Livesay: We'll look into that.
- b. Michigan Health Cyber Security Council – MiHCC, Scott Larsen, Security Ops Manager, Beaumont
 - i. Critical Infrastructure protection
 - 1. HB 4540 (int. 5-13-15) sponsored by Rep. Curt Huizenga-Energy/Security Infrastructure
 - 2. Cybersecurity assessments, want to share information with colleague organizations, federal/state partners on threat information and responses
 - ii. Updates
 - 1. Elected George Goble from Trinity as Chair
 - 2. Doug Copley Chair Emeritus
 - 3. Vice Chair-Meredith Phillips
 - 4. Subcommittees active
 - a. New membership
 - b. Guidance around cybersecurity intelligence sharing
 - c. Participated in briefings with Homeland Security
 - d. Ways to implement sharing
 - 5. Report for the Governor
 - a. Share protocols
 - b. Protect infrastructure
 - c. Metrics
 - d. Etc.
 - 6. Several meetings, MSMS, DARA hosting meetings
 - a. April 2014, since then membership consistent
 - b. Delegation that went to Israel
 - c. Detroit Cyber Luncheon in June
 - 7. State-Level Tabletop exercise
 - 8. North American Cyber Summit October 2015
 - 9. Membership application
 - 10. Two interns that worked with the Council now have security jobs!
 - 11. Great opportunities with NISTC-grant money

- iii. More from Doug Copley
 - 1. Work with MiHIN on Identity Federation activities
 - a. Writing statement of work to help with latest initiatives
 - 2. Other updates
 - a. We need some \$ to make more progress
 - b. Getting visibility and inclusion in statewide/national meetings
 - c. Struggled with producing output to support/sustain momentum
 - d. Goal was to raise level of security preparedness across health system in MI
 - 3. Doug now working to spin off a nonprofit entity to support the Council
 - a. Sign license agreements
 - b. Get grant funding
 - c. Hire full-time staff to push forward at a faster pace
 - d. Working on 501(c)
 - e. Next meeting June 20 at MSMS
 - iv. Rob Milewski: Can't you work under some other organization rather than building a whole new organization?
 - 1. Doug: We've discussed that. Perhaps under MiHIN, perhaps under MHA. May not go that route, but we don't want to duplicate anything. Be the conduit so organizations do know what's going on.
 - 2. Rob: More money always helps, but not always the answer. Is there a way to use what staff is out there?
 - 3. Jeff L: MiHIN would need to be an arm's length participant, no appearance of control over the council. This would be something for Pletcher and the MiHIN board to consider.
 - v. Forzley: Thank you for your essentially volunteer work!
 - c. Public Comment
- B. Michigan Department of Health and Human Services, Tim Becker, MDHHS, 1:22p
 - a. Meghan V. for Becker (couldn't be here)
 - b. More info about MDHHS
 - i. Merger of MDCH and DHS
 - ii. Mid-April Executive Order became final
 - iii. Vision Statement, Main Goals and Objectives
 - 1. River of Opportunity
 - iv. Delivery model has traditionally been program-oriented, now want to be service-oriented around the individual
 - v. Services:
 - 1. Children's Services
 - 2. Aging and Adult Services
 - 3. Service Delivery-Community Operations
 - 4. Health Services and Family Support
 - 5. Population Health and Community Services

- vi. Key part of this: Technological infrastructure/platform
- c. Business and Technology Assessment
 - i. Began in March
 - 1. Convened team to align needs/objectives with tech across the department
 - 2. Citizen-focused delivery organization
 - 3. Leverage operational alignment
 - ii. Assessment Approach
 - 1. Plan
 - a. Establish project/governance structure
 - b. Define info to collect
 - c. Assemble the Team
 - 2. Collect
 - a. Meet with staff throughout all dept.s and levels
 - b. Collect info
 - 3. Recommend
 - a. Analyze data
 - b. Present findings
 - iii. Assessment Team
 - 1. Governance Team
 - 2. Lead Project Mgr.
 - a. Team members from DHS
 - b. Team members from DTMB
 - c. Team members from DCH
 - d. Pat Rinvelt: Any outside experts?
 - i. MV: Yes: Dewpoint helping with project management
 - ii. Heavily relies on SMEs at program level
 - iv. Assessment Timeline
 - 1. Now: Toward end of Phase 1
 - 2. Create Imp. Plan
 - 3. Collect info
 - 4. Recommend alignment of business and tech
 - v. Many objectives align with goals across dept.
 - 1. Align with service delivery
 - 2. Patient-centered
 - vi. How can we better realize vision/objectives going forward?
 - vii. Rinvelt: Recommendation phase: Will HITC have input?
 - 1. MV: Those will come from management team
 - 2. By end of summer, expect recommendations to come out
 - 3. Then comes an action plan

4. Role of HITC: Take big key components in service delivery model and start to think about how data sharing efforts can support this on an ongoing basis
 5. How can we as a department achieve these goals in a broader HIT/HIE sense?
 - viii. Mathews: Different technology platforms? Sharing some?
 1. MV: DHS is first point of contact for eligibility
 2. Crossover, but some distinct systems for DHS/DCH
 3. One common platform to create interoperability across siloed systems
 4. Maintain programmatic distinctness
 5. Makes a lot of sense because serving several of the same individuals
 6. How do we wrap our tech to support that vision a little bit more?
 - ix. MV: Action Plan after recommendations will be a process/transition
 - x. Rinvelt: Once we see the Action plan, we'll know more what to do.
 - xi. Rod Davenport Joined.
 - xii. At the June meeting, HITC hope to align with DHHS plan.
 - xiii. Forzley: I support the concept of person-centered. It's very difficult to weave your way through everything. There will still be business cultural diversity, but now weaving in community, etc. that clients are part of
 - xiv. Forzley: Short-term goals? How long of the term?
 1. MV: Overarching goals-Director Lyon established new org structure as initial first step.
 2. Process of timeline. Unknown for sure.
 3. First step: These are our goals and objectives and how we want to do business.
 4. Technology component recognized as critical.
 5. Assessment over summer will see how that rolls out.
 - xv. Forzley: Those are more business tactics (service lines, etc.). What about the concept of Healthy Citizens in the State of Michigan?
 1. MV: Pre- and Post-merger still have many initiatives along those lines: SIM for example
 2. Recognizes a lot of other components to come into play. Need to partner beyond just health stakeholders. Goal of blueprint aligned with department goals as well. That makes it that much easier now that they are one.
- C. Enterprise Information Management – EIM, Zak (pronounced Jacques) Tomich, DTMB, 1:37p
- a. Executive Directive 2013-1
 - i. Improve sharing of data, leveraging it as a strategic asset
 - ii. How do you do this?
 - iii. Early stages of that project is understanding what this means
 - b. 1Q14: Steering committee made up of key department players (DCH, DHS, DoE, Treasury, SoS, MDOT, DNR, State Police)

- i. Goal to get representation from each of Governor's executive groupings
 - 1. Public Safety
 - 2. People
 - ii. These groupings report to the governor quarterly
 - 1. How do we align services around the end user, the person?
 - c. Mission Statement Jeopardy:
 - i. To organize the world's information and make it universally accessible and useful.
 - 1. Who is Google?
 - ii. Google is useful.
 - iii. Citizen expectations are reflected in how we search for information today.
 - iv. Executive Directive:
 - 1. "Sharing and management of data"
 - 2. Secure
 - 3. Enhancement of services to citizens
 - d. EIM: Key Pillars
 - i. Privacy/Sec
 - ii. Enhance Customer Service Delivery
 - iii. Decision Support and Process Improvement
 - iv. MiPage-concept of viewing own information
 - v. MiLogin-Identity Access Management to enable the multiple views
 - vi. These things are interwoven and help meet citizen expectations
 - e. Building Blocks
 - i. Governance
 - 1. Identity-Do all SoM systems recognize Megan and Megan?
 - a. Same thing with physical assets
 - 2. Location
 - 3. Data sharing/stewardship
 - a. If this group can improve data sharing, we'll have achieved something significant.
 - 4. Taking what's happening at DHHS and scaling it to other departments
 - ii. Analytics
 - 1. Catchy
 - 2. Decision support/insight
 - 3. Business intelligence
 - iii. Secure Access
 - 1. Identity and Access management
 - 2. Extend single-sign-on – access multiple systems with same credentials
 - iv. Personal Content
 - 1. Alerts and secure applications
 - f. Early Stages
 - i. Data Profiles-What do we have?

1. What is the flow of information in a given department?
 2. Lean consultant-How does the info come in? How much human resource goes into manage/update?
- ii. Data Share Agreements
1. Biggest piece
 2. 150 data share agreements among 8 departments
 - a. Lawyers
 - b. Meetings
 3. Can we take those 150 data share agreements, look at common data elements, statutory restrictions, common language
 - a. One Enterprise Data Share Template???
 4. Jennifer Jackson, asst. AG, Paul Smith, deputy legal counsel,
 5. Diff. Departments
 6. A dozen uses of the Data Share Template already!
 - a. Saving Time!
 - b. Now need to incorporate rest of state govt. departments
 7. Low tech DSA: Piece of Paper
 - a. Does it literally need to be sharing legal docs?
 - b. Will take time to move this more electronic
- iii. Organizational Processes and Data Governance Principles
1. Data must be governed so as to abide by all applicable laws, including statutes and regulations.
 2. Data is a State asset.
 - a. Departments are the “owners”-old attitude
 - i. Because of statutory requirements, view of responsibility of stewardship.
 - b. Today, we recognize more and more that EVERYONE is responsible in the state as fiduciaries of the data.
 3. Data must be managed by a data governance organization.
 4. Data must have clearly defined accountability.
 5. Data quality must be ensured through continuous monitoring and improvement.
 6. The data governance organization must define metrics and key performance indicators to measure efficiency and determine return on investment and operational effectiveness.
 7. Governance:
 - a. How do we have governance?
 - b. The key is standardization across departments...which we don't have...
 - c. The whole point of data is sharing, organization, etc.
 - d. How do you structure your department that is consistent horizontally across organizations?

- e. Issue Resolution
 - i. 70% of decisions at Departmental Data Governance Board level
 - 1. Critical Departmental Data Team
 - a. CSO/CPO/FOIA Coordinator, CIO, CTO
 - 2. Chief Data Steward
 - iv. Analytics and Technology
 - 1. Analytics Use Cases
 - 2. Departmental Scorecard
 - a. What information matters?
 - b. Key outcomes for citizens
 - 3. What is the quality of the information around the performance metrics?
- g. EIM: Reinforcing Cycle
 - i. Data Governance, Analytics and Decision Support, Open Data
- h. EIM: Use Case Approach
 - i. What's an actual need?
 - ii. What's a use case for citizens/operations?
 - iii. Governance-Analytics-Open Data
- i. EIM: Governance Use Cases
 - i. Enterprise DSA
 - ii. Data Classification-How do we ensure P/S? One way would be a standard classification across all departments. How do we allocate resources around which information most critically needs protection?
 - iii. Org. Principles, Standardized Roles, Responsibilities
 - iv. Business Glossary
 - v. Master Data Management (MPI-PI)
 - 1. Location/Address
 - 2. Identity
- j. Draft Analytics Use Cases
 - i. Goal: What does analytics really mean?
 - ii. What is a key initiative you're trying to drive in your department?
 - 1. MDE/CEPI: 3rd Grade Reading and Neighborhood Health
 - 2. UIA/WDA: WDA program participation/UI benefits
 - 3. Treasury: Distressed Community Predictors
 - 4. MDOT: Crumbling Infra
 - 5. MSP: Drug abuse crimes
 - 6. MDOS: Marketing segmentation for online users
 - 7. DNR: Marketing segmentation rec. license buyers
 - 8. DHHS: Chronic Absenteeism, Pop Health
- k. Open Data
 - i. Portals
 - 1. Open Michigan: Dashboards and Scorecards

2. Financial Transparency/Accountability
3. GIS Portal
4. Open Data Files
- ii. MiPage
 1. App development within state govt.
 2. External App development and partnerships
 3. (mHB/mHP)
 4. What apps should be migrated toward mobile services?
- I. EIM: Going forward
 - i. Seven work Streams
 - ii. RFP to bring in assistance on EIM
 1. Leveraging existing staff
 2. Accelerate work streams needs more staff
- m. HITC Disc.
 - i. Milewski: Data Governance Principles: Paper Data medical records, sell practice, sell data! Not anymore...Who owns this data?
 1. Uncomfortable with "data is an asset" The Data belongs to the Citizens! But the State is the "steward."
 2. HITC: Need to have ongoing discussions about citizens individual ownership?
 3. Tomich: Trying to move toward the right things.
 - a. Started with: "My division owns this information."
 - b. It's the people's information unequivocally. The State is a steward of that information.
 - c. Can we get from an internal information management perspective to where we acknowledge that we're all the State of Michigan, and we're all stewards together?
 - d. Trying to get "organizational muscle memory" around understanding one team, etc.
 - e. Steering committee pushes the message of individual/citizen ownership also.
 - ii. Doug Copley: Any way to monitor/control as citizen? Just because I give DNR something doesn't mean I want them to share it with other agencies...
 1. Tomich: Grappling with those questions on steering committee.
 2. Copley: We're functioning as one state, so we admit that we'll share it across the state.
 3. Tomich: No recommendation yet, need other departments as well.
 - iii. Livesay: We face this with just health care info. Use case is the silver bullet for data sharing. BY defn., there is an agreement: who can share it, what can you share if for, with whom? Very specific.
 - iv. Larsen: Have you looked at separating out non-sensitive info as a sharing use case, to show that technologically feasible?

1. Tomich: Rich Reasoner: Good data governance will be good security/privacy.
2. Classification policy
3. Policy and Executive Leadership-drive classification standard (not just the Security Officer)
- v. CGE: It's the individual's information. 9 times out of 10, you don't have to share identifiable information. Always looking at minimum necessary data sharing. Keep it confidential. Need to prove that we can maintain the laws needed. But we can still show the use case works.
 1. Tomich: Flipping the mindset from defensive to yes
 2. As soon as you flip to use cases, you don't necessarily need to go down to individual level data, can get census blocks, other higher level data.
 3. People just want a little data that helps them do the next thing they want to do.
- vi. Mathews: In early stages of "What data do we have?" If EIM done right, will move us to federation of trust.
- vii. Chrissos: You can learn a lot from what we've already done in health care and HIT.
 1. Tomich: Great insight from HIT office, MiHIN, etc.
- viii. Forzley: Raising line of sight; DNR: Rec License: my wife uses it?
- ix. Rinvelt: Any other states doing this?
 1. Tomich: NYC/SF/Chicago, other large munis doing some of this stuff
 2. Reaching out through Governor's association around State-level initiatives
 3. Michigan: In a marathon, go with the pace of the fastest runner on some things. Probably not another state that's doing the whole thing:
 4. Indiana: good on analytics: others not on data governance, etc.
- x. Notman: How are you pushing back with deadlines/benchmarks to drive this so we show best practices, etc.?
 1. Tomich: No shortage of departments pushing back on deadlines. This is department-driven. What's practical, realistic?
 2. While we're too busy to do everything, we'll do nothing...
 - a. We'll ask you to commit to the DSA
 - b. Now use it!
 - c. No "We must have an Enterprise DSA by end 2014 and all depts.. must use it."
 - d. Steering committee engaged and adding value.
- xi. MV: I know where to go with these ideas, use cases now! Cycle is in action via meeting and talking through commonalities. Starting to find common ground; use cases driving things. Enterprise DSA one working well.
- xii. CGE: Though there might be 12 different DSAs now; we didn't rewrite the ones in effect. As we have to replace those, we'll use the new DSA.

1. We've broken down barriers, understand businesses better.
 2. If someone gives a bad address, it's not the best one to use, but they have to use it.
 3. What are you going to do with this info?
 4. If they do allow us to have access to the data, how are we protecting it?
- xiii. Tomich: Much more tactical data use...The urgent vs. the important.
- xiv. How would you sustain this across governors? Show the value...my job is easier, better service provided

D. HITC Next Steps, Chair, 2:40p

a. June Meeting Agenda

- i. Rinvelt: Idea-make HITC more accessible to more people
 1. Introductions
 2. Presentation:?
 - a. MV: More diving into a roundtable
 - b. Focus on your area of expertise
 3. Will capture content
- ii. Proposed Headers for Annual Report (Key Issues)
 1. Hope to get action plan for domains
 2. Suggested ideas
 - a. White paper?
 - b. Workgroup?
 3. 45 minute free-flow conversation
- iii. Rinvelt: Graphic of HITC Goals and Objectives on screen for reference
- iv. Logistics:
 1. Quorum?
 2. Noon hour
- v. 2014 Annual Report graphics
- vi. Work on offering conclusions/general summaries for upcoming HITC meeting
- vii. Mathews: Will HITC introduce itself as a body? What the group does?
 1. Intros, Updates, Roundtable: What are important next steps in realizing goals/objectives
 2. Incorporate policies/initiative, how to support from tech/data sharing perspective
- viii. Screen explaining HITC? (Rinvelt)
- ix. Copies of Annual Report for stakeholders? (Notman)
- x. Milewski: I agree we should share the actual report.
- xi. Livesay: Our (MiHIN's) marketing people will get these items in the agenda/on screen, etc. coordinating with MV
- xii. Livesay: Should have wishlist items by tomorrow.
- xiii. Milewski: Any follow-up? MV: Yes, in red-dotted e-mail specific to June. Will be succinct.

b. Third Quarter Availability

- i. June Meeting scheduled
- ii. July/Aug/Sept.
 - 1. July-historically difficult to assemble HITC
 - 2. July first “disappearing meeting”
 - 3. Likely less likely July meeting
 - 4. Please let Meghan know about June availability, then July/Aug/Sept.

E. Public Comment, All, 2:53p

- a. Livesay: June 3 conference, Workshops on June 5 (FHIR, Halamka presenting on Argonaut project). Commissioners do not need to register.
 - i. Jay Green (from Crain’s Detroit Business) Will attend.
- b. Castellani: Anything about streamlining of LARA? (Making things less retrievable)?
 - i. EIM place to talk with LARA!!!

The meeting was adjourned at 2:57 p.m.

2.

D. Public Comment

- 1. Chair Rinvelt opened the floor to public comment.
- 2. Attendees introduced themselves but did not submit any public comments.

E. Adjourn – Chair Rinvelt adjourned the meeting at 2:53 pm.